



State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
Governor

December 31, 2014

Medi-Cal Eligibility Division Information Letter No.: I 14-61

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS

SUBJECT: Accelerated Enrollment (AE) for Cases Where Medi-Cal Eligibility is Not Determined Within the 45-Day Timeframe

The purpose of this letter is to inform counties about a new State process to provide pending Medi-Cal applicants with AE when eligibility has not been determined within the required 45-day timeframe.

Background

As stated in Medi-Cal Eligibility Division Information Letter 14-55, Workload Efforts for Individuals Pending in the Backlog, we have made great strides working collaboratively on reducing the backlog. In order to prevent a future backlog of pending cases during the current Covered California open enrollment period between November 15, 2014 through February 15, 2015, the Department of Health Care Services (DHCS) will be implementing a new batch process to provide AE to applicants where their Medi-Cal eligibility has not been determined within the 45-day timeframe, as required by federal and state regulations. This effort is a component of DHCS' ongoing mitigation strategy to address the pending case load and is tied to the approval of enhanced federal funding related to eligibility and enrollment work conducted by county eligibility workers.

45-Day Batch AE Process

The goal of this batch effort is to provide AE to all Medi-Cal applicants where eligibility has not been determined within the required 45-day timeframe. This batch process will target Medi-Cal applications made during open enrollment and will be inclusive of cases with applications made on or after November 15, 2014, and up through at least February 15, 2015, regardless of the applicant's access channel. The batch will occur weekly beginning the week of December 29, 2014. As a result, some cases may be provided AE prior to the 45th day, as all cases must be provided AE prior to day 46.

DHCS and the California Healthcare Eligibility Enrollment and Retention System (CalHEERS) will identify cases to be included in this batch process using existing processes. The criteria are as follows:

- Pending, Eligible, or Conditionally Eligible for Medi-Cal in CalHEERS but not active in the Medi-Cal Eligibility Data System (MEDS);
- Not a case excluded by counties due to the need to take negative action;
- Not denied and/or discontinued in MEDS from the Statewide Automated Welfare System;
- The initial application was received on or after November 15, 2014, and will be pending for more than 45-days at the time of the next batch process;
- Individual is not on more than one case in CalHEERS;
- The individual is not missing a Client Identification Number.

DHCS will ensure that any individual listed on exclusion lists previously provided by counties will not be included in this batch process. Additionally, counties will have the opportunity to provide new exclusion lists to DHCS on a weekly basis, as time allows, using the same process used for previous lists. Due to the tight timeframe for running these manual batch processes on a weekly basis, DHCS will not be able to delay the batch process to allow for counties to submit additional lists, but will use any lists that are available at the time of the batch process. The timeline for counties to provide new exclusion lists and for DHCS to run the batch process will be provided once it is known; however, counties may submit updated exclusion lists at any time. DHCS will notify counties of successful batch cases after each batch run using the current process of sending the list directly to the counties. This list also contains a MEDS Alert field to advise counties of cases that exception out during the batch process and counties should work the MEDS alerts based on existing DHCS policies and procedures.

For purposes of this batch process, applicants will be given fee-for-service Medi-Cal through aid code 8E and to the extent possible, these cases will be titled in MEDS to differentiate them from other batch processes that are currently occurring. DHCS will provide counties with the title that will be used once it is known. DHCS will be mailing notices to individuals who will be receiving AE to inform them of their eligibility pending the outcome of their final eligibility determination.

County Instructions for Processing the 45-Day Batch Cases

Counties should follow normal business practices when processing cases that have been provided with AE due to an application date beyond 45-days and must continue to determine final eligibility per current processes. Aid code 8E will automatically discontinue once the final determination is made, per current functionality. As 8E will only be provided prospectively no later than 46 days after application, counties must ensure that when an application is approved for Medi-Cal, all appropriate months of eligibility are provided back

to the application date, including retroactive months, if appropriate. AE is only temporary coverage provided without a final eligibility determination. These applications are to be treated as any other pending application for purposes of due process and noticing the applicant of the final determination, whether it is Medi-Cal, Advanced Premium Tax Credit or an application denial.

Additional Information

Additional information for counties or additional instructions that counties need about this process may be provided at a later date.

If you have any questions or require additional information, please contact Alison Brown at (916) 319-9565 or by email at Alison.Brown@dhcs.ca.gov.

Original Signed By

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